

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 9, 2003

RE: MDR Tracking #: M2-03-0898-01

IRO Certificate #: 5242

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a neurosurgeon physician reviewer who is board certified in neurosurgery. The neurosurgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

My review of the records indicates that the claimant reported that she was injured at work on _____. Copies of the original evaluations are not available to me. However, since that time numerous doctors, both chiropractors and medical doctors, have seen her as an outpatient. She has undergone various medial studies.

Requested Service(s)

It has been recommended that she undergo a release of her right carpal tunnel.

Decision

I agree with the insurance carrier that this procedure is not medically necessary in this case.

Rationale/Basis for Decision

This is my opinion because the records do not reflect that she has right median nerve palsy secondary to a carpal tunnel syndrome. The records reflect complaints of various kinds of pain in her neck, in her shoulders bilaterally, and in her right arm to the hand (e.g., see doctor January 29, 2002, May 15, 2002, January 16, 2003). As late as February 29, 2003, the doctor found no neurological deficits. On June 21, 2001, the doctor found a normal electromyogram. The electromyogram and nerve conduction velocity were also found to be normal by a doctor on October 16, 2001. An MRI performed on the right wrist on June 4, 2001, reveals a "tear in the triangular fibrocartilage", which may explain some of her wrist pain at that time.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.